


FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90012 027 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S61832			
1. Entity Name COOK'S CUSTOM SERVICE, INC.			
Principal Place of Business COOK'S CUSTOM SVC INC 802 CCS ST FORT WALTON BCH, FL 32547 US		Mailing Address COOK'S CUSTOM SVC INC 802 CCS ST FT WALTON BCH, FL 32547 US	
2. Principal Place of Business 909 Don Drive		3. Mailing Address 909 Don Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Walton Beach, FL		City & State Fort Walton Beach, FL	
4. FEI Number 59-3077241		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent COOK, ROGER 504 WILLIAMS ST FT WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name Cook, Roger Street Address (P.O. Box Number is Not Acceptable) 909 Don Drive City Fort Walton Beach FL Zip Code 32547	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, ROGER 504 WILLIAMS ST FT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOK, JANE 504 WILLIAMS ST. FT. WALTON BCH., FL 32547 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Roger J. Cook		1-31-06 850-862-6378	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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